

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Communications Workers of America Working Voices</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488486	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee <b>Berlin Rosen LTD</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">11</table> / <table border="1" style="display:inline-table; margin:0 5px;">02</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>	
Mailing Address <b>15 Maiden Lane, Suite 803</b>		Amount <table border="1" style="display:inline-table; margin:0 5px;">25000.00</table>	
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10038</b>	Transaction ID : <b>D33490</b>
Purpose of Expenditure <b>Mailers</b>	Category/Type <table border="1" style="display:inline-table; margin:0 5px;">004</table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">28</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>	
Name of Federal Candidate <b>Carroll, Morgan, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;">31383.05</table>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"></table> / <table border="1" style="display:inline-table; margin:0 5px;"></table> / <table border="1" style="display:inline-table; margin:0 5px;"></table>	
Mailing Address		Amount <table border="1" style="display:inline-table; margin:0 5px;"></table>	
City	State	Zip Code	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"></table> / <table border="1" style="display:inline-table; margin:0 5px;"></table> / <table border="1" style="display:inline-table; margin:0 5px;"></table>
Purpose of Expenditure	Category/Type <table border="1" style="display:inline-table; margin:0 5px;"></table>		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;"></table>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<table border="1" style="display:inline-table; margin:0 5px;">25000.00</table>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<table border="1" style="display:inline-table; margin:0 5px;">25000.00</table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Steffens, Sara, , ,

[Electronically Filed]

Date

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Signature